

JAN 25 2006

PTO/SB/22 (12-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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|                                                                                                                                                                                                                                       |            |                                         |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------|----------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br>FY 2005<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                                   |            | Docket Number (Optional)<br>28758.65    |                |
| Application Number 10/092,769                                                                                                                                                                                                         |            | Filed March 7, 2002                     |                |
| For Insulin-like Growth Factor System and Cancer                                                                                                                                                                                      |            |                                         |                |
| Art Unit 1642                                                                                                                                                                                                                         |            | Examiner B.J. Fetterolf                 |                |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                                                |            |                                         |                |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                                                                       |            |                                         |                |
|                                                                                                                                                                                                                                       | <u>Fee</u> | <u>Small Entity Fee</u>                 |                |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                | \$120      | \$60                                    | \$ _____       |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                               | \$450      | \$225                                   | \$ _____       |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                  | \$1020     | \$510                                   | \$ <u>1020</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                              | \$1590     | \$795                                   | \$ _____       |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                              | \$2160     | \$1080                                  | \$ _____       |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                       |            |                                         |                |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                                |            |                                         |                |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                           |            |                                         |                |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                            |            |                                         |                |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-1660</u> . I have enclosed a duplicate copy of this sheet. |            |                                         |                |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                                                      |            |                                         |                |
| I am the <input type="checkbox"/> applicant/inventor.                                                                                                                                                                                 |            |                                         |                |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).                                                                                     |            |                                         |                |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____                                                                                                                                                       |            |                                         |                |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>28684</u>                                                                                                 |            |                                         |                |
| <u>Mitchell E. Alter</u><br>Signature                                                                                                                                                                                                 |            | <u>January 25, 2006</u><br>Date         |                |
| <u>Mitchell E. Alter</u><br>Typed or printed name                                                                                                                                                                                     |            | <u>305-380-3636</u><br>Telephone Number |                |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |            |                                         |                |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.                                                                                                                                                            |            |                                         |                |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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|-----------------------------------------------------------------------------------------|------------------------|-------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/092,769        |
|                                                                                         | Filing Date            | March 7, 2002     |
|                                                                                         | First Named Inventor   | M. Javad Khosravi |
|                                                                                         | Art Unit               | 1642              |
|                                                                                         | Examiner Name          | B.J. Felteroff    |
|                                                                                         | Attorney Docket Number | 28758.65          |
| Total Number of Pages in This Submission                                                | 3                      |                   |

| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                          |          |       |
|--------------------------------------------|--------------------------|----------|-------|
| Firm Name                                  |                          |          |       |
| Signature                                  | <i>Mitchell E. Alter</i> |          |       |
| Printed name                               | Mitchell E. Alter        |          |       |
| Date                                       | January 25, 2006         | Reg. No. | 28684 |

| CERTIFICATE OF TRANSMISSION/MAILING                                                                                                                                                                                                                                                                           |                        |      |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------|------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |                        |      |                  |
| Signature                                                                                                                                                                                                                                                                                                     | <i>Maria Rodriguez</i> |      |                  |
| Typed or printed name                                                                                                                                                                                                                                                                                         | Maria Rodriguez        | Date | January 25, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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